

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">101698819</div>		Filing Date 		
							Applicant(s)				
							* May be used for additional claims or amendments				

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2											
Total Depend	12											
Total Claims	14											

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